## PART B - FEE(S) TRANSMITTAL

Complete and se	MAY 1 7 2007	ner with applicable	P.: Al	ail Stop ISSUE FE ommissioner for Pa O. Box 1450 exandria, Virginia 71)-273-2885	atents	
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	s face should be used correspondence included be districted by directions.	transmitting the ISSU g the Patent, advance o erwise in Block 1, by (a		•	Blocks 1 through 5 shoe mailed to the current Vor (b) indicating a sepa	ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 02/22/2007			No Fee pap hav	te: A certificate of mail c(s) Transmittal. This ce hers. Each additional pare its own certificate of its	ing can only be used for rtificate cannot be used for per, such as an assignmen mailing or transmission.	r domestic mailings of the or any other accompanying nt or formal drawing, must
Docket Admin Lucent Technol 101 Crawfords Holmdel, NJ 07	nistrator (Room 3Jogies Inc. Corner Road		I h Sta ado tra	Certific ereby certify that this Fo tes Postal Service with ressed to the Mail Sto smitted to the USPTO	ate of Mailing Core(s). Transmittal is being sufficient postage for firs post ISSUE FEE address 571) 273-2885, on the date of	deposited with the United t class mail in an envelope above, or being facsimile the indicated below.  (Depositor's name)
			-	JPa	thy Gret	(Signature)
05/18/2007 WARNER RAO	0000021 122325 107	A7527	FIRST NAMED INVENTOR	)	TORNEY DOCKET NO.	
FD-45040/797 524400-00 DH 02/25/2004						CONFIRMATION NO.
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/22/2007
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<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON The Correspondence address or indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			The state of the s			
(A) NAME OF ASSI	less an assignee is identith in 37 CFR 3.11. Comp GNEE LUCENT TEC MURRAY HIL STATE OF DE riate assignee category or	HNOLOGIES INC.	(B) RESIDENCE: (CIT	Y and STATE OR COU	NTRY)	up entity Government
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NOTE: The Issue Fee ar		ired) will not be accepte	d from anyone other than			e assignee or other party in
Authorized Signature	Patty S	Giebler	<u>ـــــ</u>	Date	-11-07	
	7.5 1.50.		on is required to obtain or 1.14. This collection is est depending upon the indice Chief Information Offic COMPLETED FORMS Topond to a collection of in			by the USPTO to process) g gathering, preparing, and to you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.